

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 1949

Registration District No. 89 Primary Registration District No. 5131 Registrar's No. 31

1. PLACE OF DEATH:

(a) County Butler  
(b) City or town Brookley - Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1111 N 11th St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether)  
In this community years, months or days

3. (a) PRINT FULL NAME David Alexander Mobley  
3. (b) If veteran, name war ✓  
3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary Mobley  
6. (c) Age of husband or wife if alive 27 years  
7. Birth date of deceased May 14 1865  
(Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 4 If less than one day hr. min.

9. Birthplace Wyatt County - Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name James Mobley  
13. Birthplace Wyatt County - Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Anderson  
15. Birthplace 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Nettie Collier

(b) Address Drakesburg - Hancock

17. (a) Buried (b) Date thereof Jan - 19 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mple Hill

18. (a) Signature of funeral director Hatkins Funeral Service

(b) Address Dexter - Mo

19. (a) 1/20/41 (b) State, Lady  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler  
(c) City or town Brookley - Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0 (If rural, give location)  
(e) If foreign born, how long in U. S. A? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18  
year 1941 hour 12:10 minute PM M.

21. I hereby certify that I attended the deceased from May 23 1939, 1940, to Jan 18 1941, 1941  
that I last saw him alive on Nov 24, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death malicious trespass 1 yr

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work (e) Means of injury

23. Signature A. Conners (M. D. or other)

Address Brookley Mo Date signed 1-18-41

J. C. Collins  
J. 24 Locust St.  
Carbon  
Indst.

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Virgil H. Helch....., Registered Apprentice No.....  
working under my personal supervision.

Signed Virgil H. Helch.....

Licensed Embalmer No. 4102

P. O. Address Dexter - Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.